

## Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:	
Unice Use.	
( 1/4 )	

## **Statement of Committee Organization**

1.	Statement Information		
	Type: New Amended (if amending, enter MEC ID C 111218 & section changed		
2.	Committee Information	Triot. B discertified	Tungeo
		entative 1,236	
	Name of Committee	433 4	7 / 70 2 2 7 706 6
	Committee Mailing Address, City, State, & Zij	SON NO 63346	(64) 328-1050 Telephone Number
	Unitual Committee Email Committee	County Clerk or Board of Election Commiss	ioners
	Committee Type: Campaign Candidate Continuing (	PAC) Debt Service Exp	loratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	CAL SLATER	Treasurer's Email Address (optional)	
	12 avien # 7 Dor St Charles	(636) 406 2276	( )
	Treasurer's Mailing Address, City, State, & Zip  M V 63303	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address (optional	))
	Deputy Treasurer's Mailing Address, City, State, & Zip	()  Dep. Treasurer's Home Telephone Number	() Dep. Treasurer's Work Telephone Number
_			Dep. reasoner 5 Work receptions (without
4.	Additional Committee Information	·	
	Additional Committee Office/ & Name & The Office (if any)	Additional Committee Officer's Mailing Add	iress, City, State, & Zip
	Connected Organization's Name (If any)	Connected Organization's Mailing Address,	City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee	? Yes (refer to instructions on	back) No
5.	Official Bank Account Information (required by all committees)		
2	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
J.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
- .16	Name & Mailing Address, City, State & Zip of Candidate M 0 6 33 6 8	Telephone Number (Candidate Committees	Only)
7 (	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees n	nust complete this section)	
		-	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	Signature(s) Check certification(s) & sign (required by all comm	mittees)	
	I affirm and attest under penalty of perjury that information an		
	further acknowledge that I am aware that any false statement or	ueciaration made merein is pun	isnable under Cn. 5/5 KSMO.
	Complitite restrict	Candidate Candidate Committees Only	

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.